



## BUSINESS/FARM ACCOUNT INFORMATION

State Form 52009 (R/5-05)

*\*Please type or print legibly\**

### Part 1:

This section specifies the contact information for an operation. In addition to this sheet, complete the information on an additional page for each site under this account. Should an animal health emergency occur, the individual(s) listed will be contacted for appropriate notification. This process is essential to protecting the industry from disease spread.

Business/Farm Name: \_\_\_\_\_

Business/Farm Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

#### Primary Contact:

\_\_\_\_\_  
*First name*

\_\_\_\_\_  
*Middle name*

\_\_\_\_\_  
*Last name*

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)

#### Secondary Contact\*:

(\* optional)

\_\_\_\_\_  
*First name*

\_\_\_\_\_  
*Middle name*

\_\_\_\_\_  
*Last name*

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)

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Business Type: ☐ Individual ☐ Partnership ☐ Incorporated ☐ Limited Liability Corporation  
(check one) ☐ Limited Liability Partnership ☐ Non-profit Organization

Operation Type: ☐ Farm/Producer Unit/Stable ☐ Clinic ☐ Exhibition site (*show site*)  
(check all that apply) ☐ Market/collection point ☐ Non-producer Participant ☐ Zoo ☐ Research Facility  
☐ Quarantine Facility ☐ Rendering ☐ Slaughter plant ☐ Tagging site

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Producer/Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorized Agent:** (to be completed by authorized agents only)

☐ None

Agent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Organization: \_\_\_\_\_

### COMPLETE INFORMATION ON ADDITIONAL PAGES FOR EACH SITE UNDER THIS ACCOUNT

Return forms to: Indiana State Board of Animal Health, 805 Beachway Dr. Ste. 50, Indianapolis, IN 46224

For questions, contact BOAH support: Phone: 317-227-0328 or email: [animalID@boah.in.gov](mailto:animalID@boah.in.gov)

(Contact information will not be sold or given out by NAIS without your prior written consent.)

# Premise Information

TO ACCOMPANY STATE FORM 52009

State Form 52010 (R/5-05)

Page \_\_\_\_\_ of \_\_\_\_\_  
Business Farm Name \_\_\_\_\_

## Part 2:

Complete a premise form for each separate location where animals are housed. Sites under the same management but separated by no more than a county road may be considered contiguous.

### Primary Premise Information

Premise Name/Description: \_\_\_\_\_

example "home place", "heifer place"

Premise Address (*physical location, no P.O. Boxes*). Check as appropriate:

- ☐ Premise address is the same as Business/Farm account address on page one.  
☐ Premise address is unknown. Provide legal land description.

\_\_\_\_\_  
Township

\_\_\_\_\_  
Range

\_\_\_\_\_  
Section

☐ Premise address is: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

#### Premise Type (*check all that apply*):

- ☐ Farm/Producer Unit/Stable ☐ Clinic ☐ Exhibition site (*show site*) ☐ Market/collection point ☐ Research Facility  
☐ Non-producer Participant ☐ Quarantine Facility ☐ Rendering ☐ Slaughter plant ☐ Tagging site ☐ Zoo

#### Species at Premise (*check all that apply*):

- ☐ Cattle/Bison ☐ Swine ☐ Sheep ☐ Goats ☐ Horse ☐ Poultry ☐ Deer/Elk ☐ Camelid ☐ Emu/Ostrich

Is the contact for this location the same as the primary contact listed on part 1?

☐ YES ☐ NO If no, complete the following:

Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

### Additional Premise Information

Premise Name/Description: \_\_\_\_\_

example "home place", "heifer place"

Premise Address (*physical location, no P.O. Boxes*). Check as appropriate:

- ☐ Premise address is the same as Business/Farm account address on page one.  
☐ Premise address is unknown. Provide legal land description.

\_\_\_\_\_  
Township

\_\_\_\_\_  
Range

\_\_\_\_\_  
Section

☐ Premise address is: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

#### Premise Type (*check all that apply*):

- ☐ Farm/Producer Unit/Stable ☐ Clinic ☐ Exhibition site (*show site*) ☐ Market/collection point ☐ Research Facility  
☐ Non-producer Participant ☐ Quarantine Facility ☐ Rendering ☐ Slaughter plant ☐ Tagging site ☐ Zoo

#### Species at Premise (*check all that apply*):

- ☐ Cattle/Bison ☐ Swine ☐ Sheep ☐ Goats ☐ Horse ☐ Poultry ☐ Deer/Elk ☐ Camelid ☐ Emu/Ostrich

Is the contact for this location the same as the primary contact listed on part 1?

☐ YES ☐ NO If no, complete the following:

Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact \_\_\_\_\_ Phone Number \_\_\_\_\_



If you have more premises (*animal locations*) please complete additional sheets.

Return forms to: Indiana State Board of Animal Health, 805 Beachway Dr. Ste. 50,  
Indianapolis, IN 46224

For questions, contact BOAH: 317-227-0328 or email: [animalID@boah.in.gov](mailto:animalID@boah.in.gov)